

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7	1						57					
8	1						58					
9	1						59					
10	1						60					
11		1					61					
12		11					62					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50	15						100					
TOTAL IND.	122		1		1		TOTAL IND.			1		